

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86 257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only

MAY 19 2005
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 25660	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name CARLO SIMONE III P O Box Bldg Room No if any Street 410-24 N 8TH STREET City PHILADELPHIA State Pennsylvania ZIP Code + 4 19123	4 Name file number and address of labor organization Name UNITED STEELWORKERS DISTRICT 10 LOCAL 286 Labor Organization File Number 013-014 P O Box Building and Room Number if any Street 410-24 N 8TH STREET City PHILADELPHIA State Pennsylvania ZIP Code + 4 19123
5 Position in labor organization PRESIDENT	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests
(except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4	7 a Nature of Interest Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)		
Signed 	On 5/11/2006 Date	215-829-9212 Telephone Number

Name of Person Filing CARLO SIMONE III

File Number U

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name INDEPENDENCE BLUE CROSS

Trade Name if any

P O Box Bldg Room No if any

Street 1901 MARKET STREET

City PHILADELPHIA

State Pennsylvania ZIP Code + 4 19103-1480

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name USW DISTRICT 10 LOCAL 286 HEALTH & WELFARE

Trade Name if any

P O Box Bldg Room No if any

Street 410-24 N 8TH STREET

City PHILADELPHIA

State Pennsylvania ZIP Code + 4 19123

11 a Nature of such dealing

INDEPENDENCE BLUE CROSS IS A MEDICAL PROVIDER FOR THE WELFARE FUND UNDER AN INSURANCE PREMIUM CONTRACT

11 b Approximate dollar value of such dealing

\$15 000 000

12 a Nature of interest held or income received

INDEPENDENCE BLUE CROSS PROVIDED TICKETS TO SPORTING EVENTS ON 3/4/05 (\$725) 5/12/05 (\$285) 8/15/05 (\$90) 10/27/05 (\$105) 11/14/05 (\$150) PAID FOR A BUSINESS LUNCH ON 3/2/05 (\$19) AND PROVIDED A HOLIDAY GIFT IN 12/2005 (\$14)

12 b Amount

\$1 688

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment